

MATTISON (J. B.)

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Medical Director, Brooklyn Home for Habitues—Member American Association
for the Cure of Inebriety—New York Academy of Medicine—Medico-
Legal Society—Medical Society for the County of Kings.



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BY J. B. MATTISON, M. D., MEDICAL DIRECTOR, BROOKLYN HOME
FOR HABITUÉS—MEMBER AMERICAN ASSOCIATION FOR THE
CURE OF INEBRIETY—NEW YORK ACADEMY OF MEDICINE—
MEDICO-LEGAL SOCIETY—MEDICAL SOCIETY OF THE COUNTY
OF KINGS.

Among the laity, largely, and to no small extent within the profession, the idea obtains that one who has fallen victim to morphine, chloral or cocaine, by virtue often of conditions quite beyond control, must abandon all hope of relief, and accept a bondage binding for life. This opinion, mistaken and misleading, is both unjust and injurious; unjust to those who devoting their professional time to betterment of this commiserable class, are thus exposed to the reproach incident to unsuccessful effort; and what is of the greater import, injurious to many needy, worthy claimants for medical care, across whose life the shadow of a great grief has fallen; whose sorrow that they are helpless to resist the poppy power reaches lower depths than the world can know; to whom should be given the helping hope of "life made new," that proper treatment can now surely extend rather than the pessimistic skepticism that tends to dampen all ardor towards an earnest effort at release, and which, mainly born of ignorance, has often—we feel bound to say—been the depressing, discouraging reason for an utter giving over to a life-time of regret. That this opinion, if mistaken, must be misleading, goes without saying, and that it is an error is shown by such ample clinical proof as should no longer admit of doubt. And why should narcotic disease be called cureless? As regards opium, to which this paper is mainly germane, it is almost wholly functional in its disturbing results. Opinion is divided as to its pernicious effect on renal structure, but as regards other parts it is concededly non-organic. Cocaine is largely similar as to the sequels of continued taking, while the disorganizing effect of confirmed chloral using is other than on the blood, that

of function rather than structure. Vide paper by the writer, "Chloral Inebriety," Proceedings Kings Co. Brooklyn Society, 1879.

Narcotic inebriety, *per se*, is pre-eminently curable. Only when complicated with other and organic disease should it be deemed entirely unamenable to treatment, and to argue, from such a combination, that uncomplicated cases offer no prospect of relief, is surely most untenable. The cause of opium inebriety in the immense majority of cases, other than smoking, is pain; pain of brawn or brain. See my papers, "The Genesis of Opium Addiction," Detroit Lancet, 1884; and "The Ethics of Opium Habitues," Medical and Surgical Reporter, 1888; and among physical pain, neuralgia holds the first place. It will be conceded, we think, that nearly all cases of neuralgia admit of great relief or entire cure. This effected, a leading factor in the opiate using is ended, and with non-complicated narcotic taking, there should be no questions as to a good result, especially so in this day of improved therapeutics, when the writer's experience warrants him in saying that at no time has the treatment of this disease been so satisfactory as now. Vide, "The Mattison Method in Morphinism."—*The Lancet*, Nov. 1890.

To be sure, the majority of ex-narcotic habitues have a return of their disease. This is not surprising. An ex-inebriate is more liable to the disease than a non-habitue, for the first attack, by virtue of a peculiar susceptibility created, predisposes toward a second, and this special factor acts with increasing force in every recurrence of the disease.

One recovered from narcotic diseases is ever menaced by the risk of return. It is a battle likely to be often renewed against varied forces acting on a system vulnerable by virtue of prior attack. These forces may be entailed or acquired. Strongly marked ancestral neuroses make a greater proneness to recur. Alcoholic using, in any and every form, renders more likely a return. Renewal of primary genetic disease demands special preventive care, and chronic disorder standing in that relation emphasizes this need more largely than acute. Prolonged narcotic using makes

less likely a permanent cure. So too, in smaller degree, large daily taking. Neither, however, precludes success. Levenstein rightly stated this "depended on the individual constitution, having seen patients remain free after injecting 25 to 30 grs. of morphia daily." Our record, with even larger amount and used for years, confirms. Temperament and environment bear weightily on the question of chronic cure, and not given the care their importance demands, greatly lessens the promise of permanent good.

With so much to favor, it is little wonder the disease often recurs; but granting a return, it may not occur for years, and this freedom, limited though it be, is surely an immeasurable betterment as compared with their former toxic condition. In the very nature of things, some cases of narcotic inebriety are incurable. We have known such. But even in these, by judicious treatment the ill results of compulsory taking can be largely reduced towards a minimum. Vide, Dr. Benjamin Ward Richardson's paper—"Morphia Habitues and Their Treatment." Asclepiad, January 1884.

Chloral inebriety—happily, now rare—is still more hopeful as to cure. The cause being almost limited to one morbid condition, the outlook for recovery is more bright than with either of the other toxic neuroses. So, too, but in lesser degree than with morphine or chloral, is cocaine or morphine-cocaine inebriety. The former, though rare, is a fact, despite the doubt expressed by Hammond. In a paper, "Cocainism," read by myself before the Washington, D. C., Medical Society, sixteen cases were cited. Another case, uncomplicated; no past or present rum or poppy taking, has since come to my notice and, during this writing, still another, a young physician, in whom one year's use made him "a physical wreck and a nervous bankrupt * * * utterly despondent, not knowing where to cast for hope or help." These and the more common morphine-cocaine cases are most unpromising of all as to a radical result for good, and yet some, noted in the paper last cited, and others detailed in this, are encouraging enough to warrant a hopeful prognosis under conditions that, seemingly, support only the contrary belief. As a result of more than

twenty years' study of narcotic inebriety and its subjects, the writer feels bound to express his very decided conviction that a large lot has yet to be learned on various phases of this topic by the average medical man. This opinion, be it distinctly understood, is in no wise preferred as belittling his professional lore; in no sense the outcome of an unwarrantable egotism, but simply an honest expression of belief that no one who has not been brought into daily personal and professional contact with this type of patients, can form an adequate idea of their special, their peculiar psychical and somatic status, sequeling the full development of this disease.

And en passant it may be noted that a vast deal of error also exists as to the cause of narcotic inebriety, an error, too, not limited to laymen, and which has a bearing on the question of cure that is more far-reaching than, at first thought, might appear. By too many these unfortunate folks are looked upon as merely the victims of their own vicious indulgence, an opinion we have long held, and increasingly hold, to be wrong, and censure, rather than charity, being given them. One great incentive towards making an effort for release from their thralldom, is wanting, and too often a should-be-hopeful patient gives over to a helpless despair. Then, too, after the narcotic quitting the same mistaken idea weighs heavily against the prospect of permanent cure; for, as was well said by one who wrote whereof she knew, "the struggle against ungentle and unfair judgment of those around you make a combination of overwhelming power against the reformed opium taker." Another point of very great and far from properly appreciated importance pertaining to this question of cure, relates to the care bestowed on these cases after the need of active treatment is ended. In this, more than any other, lies the secret of that ill-success which too often follows the best made effort, and which has brought no little opprobrium on the healing art, and that has created and continued the skepticism which so largely prevails regarding cure. It requires no large effort to establish a relation between this regretful sequence and that mistaken opinion to which we have referred—namely, the vice origin of this neurosis,

and when the contrary and correct idea as to etiology obtains; when this toxic condition is regarded as a disease, and treated as such; when the same measure of protective and preventive care is given these patients after active treatment as that accorded some others, then we shall enter on a new era in this good work, and man will not say to his hopeless brother: "Your doom is sealed," but rather bid him take courage, and be "himself again."

Inebriety should be, and surely will be, on a plane with insanity, in regard to the question of chronic cure. No one well informed would relegate the insane to the ranks of incurables, because, perchance, the first attack of their disease did not prove to be the last.

Would anyone counsel the closing of lunatic asylums, because the vast majority of their inmates never permanently recover? Should humanity pause in the good work of caring for these reason-bereft unfortunates, because some have attacks by the dozen or score? Surely not; for in the very nature of things, this must be. A mind once given away, never regains, it is safe to say, its pristine status. Mental power may return, sufficient for every-day demand; but there is, unquestionably, an heritage from the first attack of an increased susceptibility to disturbing causes, that make it specially prone to topple, if the pressure be over great.

Every superintendent knows the risk involved in a premature removal from the curative care of asylum life; how often the well meant, but mistaken, wishes of friends make futile his best directed effort. Precisely the same hazard attends too early removal of a protective environment from the ex-narcotic habitue which serves him better than all else against return of his disease. The importance of this can not well be over-estimated; its necessity can not be too strongly insisted on, for it is beyond question the biggest factor in continued well-doing; the one thing needful to clinch a cure; and when this post-active therapeusis is given the attention it deserves, that blot on the scutcheon of professional fame, which the frequent recurring of these inebrial attacks now involves, will be wiped away.

This environment need not involve protracted medical care. A

few weeks may suffice to uproot the toxic growth, but, too often, the new seed, be it ever so well sown, fails of fruition, because the tares of a non-prolonged hygienic after-cure spring up and prevent an otherwise perfect yield. Nowhere is this better proven than among medical men, from whose ranks these cases are so largely recruited. With the rubicon of their drug-quitting crossed, and with that flush of renewed health and vigor which often follows the crossing, they think themselves better re-equipped for work than they are, and engaging in it too soon, are found, very often, from stress of conditions they cannot control, again in the grip of their destroyer. For fuller discussion of this topic, see paper by the writer—"The Post-Active Treatment of Narcotic Habitués."

Neither age, sex nor condition need be deemed a bar to recovery from narcotic inebriety. True, other things equal, those young, and of middle life, offer the larger prospect, but we could cite a number of cases past three-score, and more than one above three score and ten, who made complete and permanent recovery.

While our work has compassed more men than women, the proportion of cures among the latter has been larger and we are strongly inclined to think our experience is not exceptional. Granting a patient free from organic disease, and having an earnest desire to recover, the prognosis may be hopeful, be the drug taken ever so large or long. We have known more than one recover after more than a quarter century addiction. One man a twenty-seven years' opium taker, did wonderfully well in the quitting. Men taking 40 to 60 grs. morphia, hypoderm. daily, and women using 30 grs. by mouth, per diem, have been under our care. During the last year two sisters, each a ten years' taker 30 grs. morphine by mouth, daily; and another, a seventeen years' user, same amount, made good recoveries, and are now doing well.

Each added factor in the inebriety lessens the prospect of cure, yet multiple addiction—even treble—does not preclude recovery. Eight years ago we reported a case. Vide, "Double Narcotic

Addiction; Alcohol and Opium; Dementia;" *Canada Lancet*, 1884, that ended in cure, and the lady has remained well. Two years since we detailed—*Medical Times and Register*, 1890—the two cases cited in this paper, which are notable in view of their triple make-up the extent of the narcotic taking, and the gratifying result. These gentlemen, to-day, are in good health and active practice.

Another woman æt. 40; of triple inebriety, nicotine, morphine, rum, that had gone on to neuritis, with paralysis and varied mental havoc, made a good recovery. More than one case has been carried to our care, helpless in body and mind, and been dismissed cured.

We have known a patient whose death, from morphinism, was deemed only a few months distant, restored, and resume a wonted vocation.

This record is not unique. Its like, no doubt, exists; no egotism prompts it. It is simply a citing of fact in support of our statement as to the "prospect of prompt and permanent betterment in cases that seemingly are beyond aid," and to re-rouse, perchance, in some who have almost given themselves over to a life-long bondage, a hope of better days. Clinical proof abounds. Some is herewith presented.

Dr. Albert Day kindly furnishes this case: Mrs. P.; æt. 36; thirteen years' addiction; maximum taking, 60 grs. morphia, per orem, daily; cause, uterine disorder. Was dismissed, cured, in February, 1869. In June following she wrote: "At no period have I known enjoyment so pure, so placid, as within the last few weeks. I can think of but one thing only, my happy deliverance from an iron bondage; and I now appreciate and enjoy this bright, beautiful world, as one who having long groped in thick darkness, suddenly, on the lifting of the veil, emerges again into the clearer day to behold anew the joyous earth, fresh-mantled in rich and varied beauty. Can you marvel at my enthusiasm?"

June 16, 1883, Dr. D. wrote us: "This case was a most deplorable one. She now resides in Iowa well and happy."

Dr. E. H. Van Deusen, in reporting several cases cured, cites

that of Mrs. H., æt. 52, who was "known to be faithfully holding on as late as six years after," and remarks: "As for efforts at reformation voluntarily undertaken and successfully carried through, the cases are so extremely exceptional they are never to be counted on, but when a course of treatment has been submitted to and faithfully prosecuted to the end, the result is directly the other way;" and, "our experience has satisfied us that a large share of the cases deemed as having got beyond the reach of medical aid can be successfully conducted; but then on this one condition only—that the physician shall have the entire and exclusive control."

Through the courtesy of Dr. T. D. Crothers the following cases are offered:

Ang., 1878, Mr. A., æt. 28; length of addiction, six years; amount, 25 grs. morphia per orem daily; also using brandy; cause, neuralgia, for which brandy in excess was taken, and then morphia, which was found to remove the desire for and enable him to abandon the alcohol; effects, business incapacity and mind much enfeebled. Father was an alcoholic; mother insane. A specially prominent symptom was his great fear of dying, and for this reason alone he placed himself under medical care. This morbid dread was fully encouraged throughout treatment. The opiate was gradually reduced until a daily taking of ten grains was reached, when it ended. The resultant irritation was controlled by hot baths, quinine and the usual remedies. Patient was up and about in one week, convalescence was steady, and he was dismissed at the end of three months. During the next year he used Fowler's solution daily. Sept., 1882, was well and had not taken any form of opium or alcohol. Was married and steadily employed. His mind seemed greatly impressed with the narrow escape from death in being relieved of his opiate addiction.

Mr. B.; æt. 24; three years addiction; twenty-eight grs. opium daily; cause, insomnia. Was anxious to recover and return to business. Wished opium removed at once; was reduced one-half, and the third day entirely withdrawn. Was dismissed in six weeks

and resumed business. The following year he was anæmic and neuralgic, but improved under good medical care. Jan., 1883, four years after treatment, is well and partner in a business which began several months ago.

Dr. Crothers comments: "These two cases are given more to bring out the fact of curability than to illustrate any phase of the disorder. The first was clearly the result of heredity, would be termed chronic, and was more or less hopeless as far as expectation of permanent recovery could be determined.

"The second was neurasthenic and not at all promising. In the treatment the element of mind and will was made a strong factor.

In the first case the fear of death, and in the second the desire to get well were powerful motives. Dr. Mattison's plan of preliminary sedation was most effective. The results in each instance, after the lapse of several years, promises permanent recovery. I think these cases may be said to be thoroughly cured; as much so as any other cases that are treated."

D. æt. 32; rum and opium; W. alternately for 18 years, under treatment; B. twice during that time, in 1889; C. when taking 5 grs. morph., hypoderm. daily, was a third time under medical care. Was treated 5 months, then spent half a year in a sanitarium. He made a good recovery, and was well, July, 1892.

Dr. M.; æt. 32; addiction, one year; five grs. subcutaneously, daily; cause, headache. Was treated in the autumn of 1876, and dismissed, cured, in less than one month. Took the rostrum to tell of his bondage and escape, remained free, and died in 1881, of albuminuria.

The following cases under our care afford still further proof. Dr. A.; æt. 42; ten years' taking; 18 grs. hypodermically, daily; cause, peritonitis. Was dismissed, cured, on the thirty-first day of his treatment, in February, 1877. He resumed practice, and has remained well.

Mrs. B.; æt. 62; five years' addiction; cause, neuralgia. Was referred to us by Geo. M. Beard, in January, 1880. She made a

good recovery, changed notably for the better, both mind and body, has "kept the faith," and is well.

Mr. A.; æt. 42; 10 years' taking of opium, by mouth; 36 grs. daily. Four weeks treatment in 1883; recovered. Well to-day.

Mrs. R.; æt. 36; 12 yrs. subcutan. morph. taking; 12 grs. daily. Three months under treatment in the summer of 1884, made a good recovery; remains well.

Dr. C.; several years; several grs. daily, morph. hypoderm. Recovered in January, 1885. No return of disease.

Mrs. S.; æt. 36; under treatment six weeks, in early spring of 1885; made excellent recovery; has remained well.

Dr. X. æt. 33; 7 years subcutan. taking; 40 grs. daily. Four weeks treatment in Aug., 1885. Ended in cure prompt and permanent.

Mrs. M.; æt. 54: morphia, subcutan. two years. Came to us in January, 1886. Remained eight weeks; was dismissed, cured. Has continued well.

Miss D.; æt. 28; six months hypodermic morphia. Five weeks treatment in the spring of 1886. Ending in permanent cure.

Mrs. H.; æt. 34; six years subcutan. taking. Twelve weeks treatment in the summer of 1887; secured a good result, that has persisted to date.

Dr. B., eight years hypoderm. using, 12 grs. per diem. Under treatment eight weeks, late in 1887, with complete and permanent cure.

Mr. B.; æt. 70; took opium by mouth several years. Was under our care in the early winter of 1887. Remained three months: recovered; has continued well.

Dr. C.; several years, subcutan. taking. Recovered in May, 1888. No recurrence.

Dr. L.: two years hypoderm. addiction; six weeks treatment in the spring of 1889, brought prompt and permanent good.

Mr. A.; æt. 72; three years subcutan. using. Came to us in the autumn of 1890; remained eleven weeks; made good recovery. His physician wrote, last year—"his cure is complete."

Chloralism is rare. This case may interest. Mrs. A.; æt. 37; began to suffer from insomnia in 1873, which persisted, in varying degree, until Dec., 1889, when a severe injury, confining her to bed for fourteen weeks, increased this wakeful condition until it became essential to secure sleep; chloral brought it. The initial dose was 15 grs. at bed-time. This amount sufficed for fourteen months, when she began to suffer severe limb pains; not increased by pressure or movement, which soon resulted in a sharp and prolonged bout of hysteria and nervous prostration with increased agrypnia. The chloral dose was doubled, without effect. During several weeks, various hypnotics were tried with ill-success. Her physician declared: "In the endeavor to give her sleep, I almost exhausted the pharmacopœia."

At time of placing herself under our care, May, 1891, Mrs. A. was weak, sleepless, anorexic and greatly depressed. Her doctor wrote—"This chloral taking, with the shock from the horrible injury she received, has almost wrecked her nervous system." The chloral was at once withdrawn, and 40 grs. of chloralamid given. It brought a full night's sleep, without ill after-effects. During the following fortnight various hypnotics, sulfonal paraldehyde, morphine, codeine, hyoscine, somnal, and chloralamid were used. The last proved by far the best, always fetching several hours refreshing slumber, and was continued. Meantime she was given large doses of strychnine, and two grs., thrice daily, of quinine. In ten days increased strength permitted a drive, and in a few days more her appearance at every meal. The peculiar pains steadily lessened, and in a fortnight were a thing of the past. The chloralamid was gradually lessened during a month, and then ended. The strychnine and quinine, after a few weeks, were followed by phosphorus and Fowler's solution, with an eight minutes bed-time galvanic seance. Under this treatment Mrs. A. improved in every way, and in twelve weeks declared "life worth living," and was "feeling better than for years." At the end of another month she was dismissed, cured. Following our counsel, she spent the winter in Bermuda, and is well.

These cases of multiple inebriety are unusual.

Dr. A.; æt. 34; weight 203, took in 1879, while a hospital interne for a severe urticaria, a morphine hypodermic. It cured the rash, but consigned him to an opium bondage of nearly ten years, and later, sixteen months triple serfdom to morphine, cocaine and rum. At time of coming to our care, he was daily taking hypoderm. 10 to 30 grs. morphine, 10 to 60 grs. cocaine, and 12 to 16 ounces of rum. He weighed 155—48 pounds loss. Heart and lungs normal; bowel torpor marked. Occasional nausea, vomiting and anorexia; loss of memory, and mental hebetude. Skin pallid and sallow; nightly sweating profuse. Renal secretion scanty. Sexual desire and power almost nil.

Twenty-eight months, before coming to us, he succeeded, with the aid of a devoted mother, and the writer's plan of treatment, in breaking his bonds. One year of freedom followed. Then under business stress, the disease recurred, and his last state became worse than the first. Despite a morphine increase to 30 grs. a day, he had insomnic bouts lasting 48 hours, followed by great nervousness, and extreme mental depression. Delusions of persecution with homicidal tendings followed the cocaine using.

Dr. B.; æt. 46; weight 145; began morphine subcutan. in 1886; cause neuralgia. Daily taking, usually 10 grs. extreme, co. One year before coming, he took a dose of cocaine for local anæsthesia, and this opened the door to a new narcotic devil—35 grs. a day. During the last six months he daily took six ounces of rum. Results: Brain hallucinations and delusions homicidal and suicidal. Heart, much quickened, 120 during last year; lungs moderate; general bronchial catarrh; stomach indigestion, with night pain; bowels, torpid before cocaine, free after. Skin moist, sallow, pale. Dental, daily, 36 ounces; albumen; no sugar; no casts; sq. 1,036. Sexual, impotent, two years. These gentlemen recovered in 1890. Dr. A. was under treatment 6 weeks; Dr. B., four. Following our counsel, each took a three months' trip to the Azores and returned in fine form—A. with 49 pounds added to his avoirdupois:

B., 45. Some months later they resumed practice; they have remained well.

Our experience warrants these conclusions: Narcotic inebriety is curable. It is curable as other diseases are. In most cases the disease recurs; this recurrence does not prove failure in the first treatment; does not preclude success in a second. The number of permanent cures is large enough to favor a hopeful prognosis in many cases. The betterment in some cases, practically incurable, makes proper treatment always advisable.

